

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK • AMHERST • MA • 01002
Office (413) 256-4077 Fax (413) 256-4053
Environmental Health (413) 256-4033
www.amherstma.gov

BODY ARTS ESTABLISHMENT APPLICATION

Body Arts Establishment - ANNUAL FEE \$225.00

PLEASE PRINT

Date_____

Name of Establishment _____

Address_____

Phone Number _____

Name of Owner _____

Phone Number_____

Signature_____

Social Security Number or Federal Identification Number_____

Establishment Owners Must Provide the Following:

- [] Must submit detailed floor plan of establishment which includes rest room and sink locations
- [] Name of licensed Medical Waste Hauler
- [] Photograph of applicant(s) autoclave(s) with make, model and serial number printed on the back of photo
- [] License(s) for all technicians

The Following Must Be Posted Prominently in the Body Arts Establishment:

- Body Arts Establishment License
- All License(s) to Operate as a Tattoo/Piercer Technician(s)
- The Body Art Regulations of the Town of Amherst
- Tattoo/Piercing Procedures and Follow-Up Care Procedures
- Infection Control Practices

I, certify, under the pains and penalties of perjury, that the information provided to the Amherst Board of Health is correct. I have received a copy of the Regulations for Body Art. I agree to abide by all terms and conditions set forth by the Amherst Board of Health.

Signature of Applicant

Date Signed

WORKERS COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152#25c (6))

I _____ do hereby certify that:

1. ☐ I am an employer providing the following workers' compensation coverage for my employee's _____ (policy #/insurance company).
2. ☐ I am not required to have workers' compensation insurance under M.G.L. c. 152, sect. 25 (c) (6)

***Any applicant that checks #1 above must also fill out the Worker's Compensation Affidavit.**

Please Note The Following Late Fees Will Be Enforced
First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100

No Charge for Initial Inspection & First Re-Inspection. \$75.00 Each Inspection Thereafter.

Return to: Environmental Health Services Make Check Payable to: Town of Amherst
Bangs Community Center, 2nd Fl
70 Boltwood Walk
Amherst, MA 01002

This application is also available on line at:
www.toa@amherstma.gov/health/permits